



ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

12/06/2001

This is to acknowledge that you have filed a **Notification of Hazardous Waste Activity** for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

NYR000102228

INSTALLATION NAME

DIGITAL INK

INSTALLATION ADDRESS

160 VARICK ST - STORE FRONT
NEW YORK, NY 10013

MAILING ADDRESS

160 VARICK ST - STORE FRONT
NEW YORK, NY 10013

EPA Form 8700-12AB (4-80)

USEPA - REGION 2
RCRA Programs Branch
290 Broadway, 22nd Floor
New York, NY 10007-1866

ATTN: JACK HOYT
Tel : (212) 637-4106
Fax: (212) 637-4949

TO: DIGITAL INK
or Current Occupant
ATTN: ARIK ROM - EXEC MGR
160 VARICK ST - STORE FRONT
NEW YORK, NY 10013

Please print or type with ELITE

To avoid delays in processing, please complete all sections.
Only original signature of the Generator is acceptable.

Please refer to the Instructions for Filing Notification before completing this form. The information requested here is re: (Section 301G of the Resource Conservation and Recovery Act).

EPA

Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received
(For Official Use Only)

NOV 20 2001

I. Installation's EPA ID Number (Mark 'X' in the appropriate box)



A. First Notification



B. Subsequent Notification
(Complete item C)

C. Installation's EPA ID Number

NYR000102228

II. Name of Installation (Include company and specific site name)

DIGITAL INK

III. Location of Installation Requires Building Number or Latitude and Longitude for processing.

Street

160 VARICK STREET STORE FRONT

Street (Continued)

NEW YORK CITY NY 10013

City of Town

State

Zip Code

County Name

NEW YORK

IV. Installation Mailing Address

Street or P.O. Box

160 VARICK ST

City or Town

State

Zip Code

NEW YORK NY 10013

V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (Last)

(First)

ROM

ARIK

Job Title

Phone Number (Area Code and Number)

EXEC MGR

212-352-9500

VI. Installation Contact Address

A. Contract Address
Location Mailing Other

B. Street or P.O. Box

City or Town

State

Zip Code

VII. Ownership

A. Name of Installation's Legal Owner

JAMES WOLLEMS - PRESIDENT

Street, P.O. Box, or Route Number same as above 90 Digital Ink

City or Town

State

Zip Code

Phone Number (Area Code and Number)

B. Land Type

C. Owner Type

D. Change of Owner
Indicator

(Date Changed)
Month Day Year

212 352 9500

Yes

No

From: Jack Hoyt, AWMD, EPA, Region 2, 290 Broadway, 22 Fl.
New York, NY 10007-1866. Tel: (212) 637 4106

Address Verified

ID - For Official Use Only

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes; Refer to instructions)

A. Hazardous Waste Activity

1. Generator (See instructions)

- ☒ a. Greater than 1000kg/mo (2,200 lbs.)
☐ b. 100 to 1000 kg/mo (200-2,200 lbs.)
☐ c. Less than 100 kg/mo (220 lbs.)

2. Transporter (Indicate Mode in boxes 1-5 below)

- ☐ a. For own waste only
☐ b. For commercial purposes

Mode of Transportation

- ☐ 1. Air
☐ 2. Rail
☐ 3. Highway
☐ 4. Water
☐ 5. Other - specify

☐ 3. Treater, Storer, Disposer (at installation) Note: A permit is required for this activity; see instructions.

4. Hazardous Waste Fuel

- ☐ a. Generator Marketing to Burner
☐ b. Other Marketers
☐ c. Boiler and/or Industrial Furnace

- ☐ 1. Smelter Deferral
☐ 2. Small Quantity Exemption
Indicate Type of Combustion Device(s)

- ☐ 1. Utility Boiler
☐ 2. Industrial Boiler
☐ 3. Industrial Furnace

☐ 5. Underground Injection Control

B. Used Oil Recycling Activities

1. Used Oil Fuel Marketer

- ☐ a. Marketer Directs Shipment of Used Oil to Off-Specification Burner
☐ b. Marketer Who First Claims the Used Oil Meets the Specifications

2. Used Oil Burner - Indicate Type(s) of Combustion Device(s)

- ☐ a. Utility Boiler
☐ b. Industrial Boiler
☐ c. Industrial Furnace

3. Used Oil Transporter - Indicate Type(s) of Activity(ies)

- ☐ a. Transporter
☐ b. Transfer Facility

4. Used Oil Processor/Re-refiner - Indicate Type(s) of Activity(ies)

- ☐ a. Process
☐ b. Re-refine

IX. Description of Hazardous Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. (Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles; See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001)



2. Corrosive (D002)



3. Reactive (D003)



4. Toxicity Characteristic



(List specific EPA hazardous waste number(s) for the Toxicity characteristic contaminant(s))

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33; See instructions if you need to list more than 12 waste codes.)

1
7

2
8

3
9

4
10

5
11

6
12

C. Other Wastes. (State or other wastes requiring a handler to have an I.D. number; See instructions.)

1
D 0 0 0 1

2

3

4

5

6

X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature ORIGINAL

Name and Official Title (Type or print)

Date Signed

ARIK RDM - EXEC. MGR.

11/7/2001

XI. Comments

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)



Notification of Regulated Waste Activity

SIMPLIFIED INSTRUCTIONS FOR NOTIFICATION FORM 8700-12

I Check the proper box, whether this is a first time application for this site, or if it is a subsequent application for this site.

II Name of the installation of this site.

III Location of site. If the building or location has no number, then locate the nearest cross street and indicate the distance and direction from the cross street, or the lot and block number.

IV Mailing address. If the same as III, mark same. Complete if different from site location.

V Installation contact should be a responsible member of the company. ALL of the requested information must be completed.

VI Installation contact address. Address of the company or site if it is different from the mailing or location address. If it is the same as one of the above, check the appropriate box.

VII Ownership. Complete the information with the name, etc. of the owner of the property on which this installation is sited. Include the phone number.

VIIb, c, d. Type codes are: P= private. C= county. F= federal. M= municipal, S= state, D= district, I= indian. If a new owner, please indicate and date.

VIII Type of Regulated Waste.

1. Generator is for generators only. Indicate quantity of wastes.
2. Transporter is for those who are transporting waste only.
- 3, 4, 5, and B 1 & 2 Requires special instructions.

IX. Indicate characteristics of the wastes. Call if in doubt check with your transporter.

X. Certification. Must be an ORIGINAL signature by an employee of the company. An agent or consultant cannot sign. This section must be completed.

Send the completed form to:
Jack Hoyt, US EPA Region II
290 Broadway, 22nd Floor, WMD
New York, New York 10007-1866

Normal processing is 13 days. For rapid processing, Send the form via Federal Express, overnight delivery.